

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092461

**Entity Name:** AMOCARO, LLC

**Current Principal Place of Business:**

789 CRANDON BLVD. #1505  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

789 CRANDON BLVD. #1505  
KEY BISCAYNE, FL 33149

**FEI Number:** 46-3462338

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARIA CHRISTINA G.A. PEREIRA LEITE  
Address 789 CRANDON BLVD. #1505  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name FERNANDO M.R. PEREIRA LEITE  
Address 789 CRANDON BLVD. #1505  
City-State-Zip: KEY BISCAYNE FL 33149

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FERNANDO LEITE

**PRESIDENT**

**02/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date